MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. FILING DATE APPLICANT(S)

		(FOR U	SE WITH	FORM P	TO-875)										
	AS	AS FILED		AFTER		AFTER		AS	· ·		•		1.	1.	
	IND.	DEP.	IND.	DEP.	INF.	DeP.	4		IND.	DEP.	IND	DEP.	IND.	DEP.	
1							1	51		1	1			J Der.	
2]	52			1				
3		$\bot \bot$	├ —]	53							
4		 	ļ				1 1	54							
6	┦		 	-			↓ 	55			 		↓	1	
7	 	+	 -				1 1	56			ļ				
8	+		 				1 1	57			 	<u> </u>	<u> </u>	<u> </u>	
9	 	+	 				1 }	58			 -		ļ	 	
10	1	1	-				1 H	59 60			 	+	 	┤	
11							l	61				+	 	 	
12	1						 	62			 	 	 	 	
13								63				1		 	
14							'	64	1			 		l	
15				•				65				1			
16								66							
17							į.	67							
18	 						L	68							
19 20	╂╼┼╌┤							69							
21	 			- 			<u> </u>	70							
22							 -	71							
23		- -					\vdash	72							
24						-+	_ 	74		-					
25								75	-			 			
26								76	_						
27								77							
28								78							
29								79							
30 31		-+					_	80							
32							-	81				 -∔			
33							-	82		-+					
34							-	84				}-			
35							-	85	-					-	
36								86					 -		
37								87							
38								88							
39								89			İ				
40							<u> </u>	90							
41							<u> </u>	91							
42							-	92							
44							_	93							
45				 -			-	94		 -					
46							-	95 96					-+		
47					-			97				\longrightarrow			
48					$\neg \dagger$	_		98							
49							<u> </u>	99							
50								100			_				
TOTAL	5	_ []					TO	OTAL				_,			
TOTAL DEP.	24.	. •		. → ├	—––	ا د_	TO	OTAL	-	ا د ـ		ا لـ		ا ل	
TOTAL	29							EP.							
CLAIMS							l ci	OTAL LAIMS		}					